

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031620

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3-2 Primary Registration District No. 4088 Registrar's No. 15-

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellsinore		Length of stay in 1b 36 yr	c. CITY OR TOWN Ellsinore
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Lloyd Privett	4. DATE OF DEATH Month Aug. Day 20 Year 1963
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-12-93	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forrestary Service	10b. KIND OF BUSINESS OR INDUSTRY Forest service	11. BIRTHPLACE (City and state or country) Watson, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James Isaac Privett	13b. MOTHER'S MAIDEN NAME Louade Bartholemey	14. NAME OF HUSBAND OR WIFE Pauline
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WWI	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Pauline Privett Ellsinore Mo.
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18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from _____ to _____ and last saw her him alive on _____	Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22. SIGNATURE <i>Colman M. L. [Signature]</i> Coroner	22b. ADDRESS VanBuren, Missouri	22c. DATE SIGNED 8/20/63 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-23-63	23c. NAME OF CEMETERY OR CREMATORY Carson Hill	23d. LOCATION (City, town, or county) Carter Co., Mo.
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24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 5-63	26. REGISTRAR'S SIGNATURE <i>Mrs Oeta Benson</i>
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0180

2 0180-

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12 90-3

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SEP 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by James Gray Looper, Student Embalmer No. 687
working under my personal supervision.

Student James Gray Looper
Signature of Student Embalmer

Signed Wallace N Fitch

Licensed Embalmer No. 3859

P. O. Address Box 100 Bluffton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.